

AMENDMENT #14
CONTRACT #0000000000000000000018227

This is an amendment to the Contract (the "Contract") entered into by and between the Indiana Family and Social Services Administration Office of Medicaid Policy and Planning (the "**State**" or "**FSSA**" or "**OMPP**") and Coordinated Care Corporation, Inc. d/b/a Managed Health Services, d/b/a MHS (the "**Contractor**"), dated April 1, 2015.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The Contract for providing Indiana Medicaid's aged, blind and disabled population with a coordinated care program called Hoosier Care Connect is hereby amended to update Exhibit 5.L. **Exhibit 5.L**, which lists the State's Capitation Rates for Hoosier Care Connect by category is superseded and replaced by **Exhibit 5.M**, which is attached hereto and incorporated herein.

The consideration of this Contract is unchanged. Total remuneration under the Contract is not to exceed **\$2,453,274,098.44**.

All matters set forth in the original Contract and not affected by this Amendment shall remain in full force and effect.

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Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Contract other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Contract, the Contractor attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

Agreement to Use Electronic Signatures

I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database:

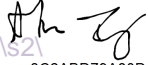
https://fs.gmis.in.gov/psp/guest/SUPPLIER/ERP/c/SOI_CUSTOM_APPS.SOI_PUBLIC_CNTRCTS.GBL

In Witness Whereof, the Contractor and the State have, through their duly authorized representatives, entered into this Contract. The parties, having read and understood the foregoing terms of this Contract, do by their respective signatures dated below agree to the terms thereof.

Coordinated Care Corporation Indiana

DocuSigned by:
By: 
02EF91A50B20452...

Indiana Family & Social Services Administration
Office of Medicaid Policy & Planning

DocuSigned by:
By: 
3C2ABD79A80D498...

Title: Vice President

Date: 12/11/2020 | 15:22 EST

Title: Medicaid director

Date: 12/11/2020 | 15:28 EST

| | |
|---|---|
| <p>Electronically Approved by: (if applicable) Indiana Office of Technology</p> <p>By: (for) Tracy E. Barnes, Chief Information Officer</p> | <p>Electronically Approved by: Department of Administration</p> <p>By: (for) Lesley A. Crane, Commissioner</p> |
| <p>Electronically Approved by: State Budget Agency</p> <p>By: (for) Zachary Q. Jackson, Director</p> | <p>Electronically Approved as to Form and Legality: Office of the Attorney General</p> <p>By: (for) Curtis T. Hill, Jr., Attorney General</p> |

**EXHIBIT 5.M
CAPITATION RATES**

Hoosier Care Connect Capitation Rates

Actuarial Certification:

The actuarial certification for each Contract year is incorporated in this Contract by reference. Actuarial certifications or amendments to certifications that have been signed by contracted entities and approved by CMS will be considered binding on all parties. As a matter of convenience, rates and other information from the certification are reproduced in this section of the Contract, but the certifications generally contain additional detail that should also be considered a part of this Contract.

Note on Capitation Rates:

The capitation rates listed in this exhibit shall apply for the rating periods January 1, 2017 through December 31, 2020.

Note on Rate Adjustment:

To the extent covered benefits or State-directed fee schedules are adjusted, capitation rates will be subject to revision in order to reflect the required program change. Future capitation rates will also be adjusted each year to reflect new base year data.

From time to time the State may adjust other fee schedules related to covered services for which reimbursement is not State-directed, as defined in 42 CFR 438.6(c)(iii), under this Contract. Where reimbursement is not State-directed, the Contractor may negotiate separate and distinct reimbursement with service providers, constrained only by other Contract provisions, such as access requirements. Should the State change these other fee schedules, there will be no related capitation rate adjustment.

Note on Risk and Acuity Adjustment:

Each Contractor's rates are risk-adjusted based on the morbidity of their enrolled members, using either risk or acuity adjustment for each contract year. For years in which risk adjustment is employed, total payments by FSSA will be cost neutral, meaning Contractors' rates will be adjusted both up and down, according to the morbidity of their enrolled members relative to all enrolled members.

FSSA reserves the right to change risk adjustment models and tools. FSSA reserves the right to adjust rates retrospectively. Members enrolled for less than six (6) months will be risk adjusted according to each Contractor's average risk adjustment factor.

Note on Incentive Payment Withholding:

The capitation rates listed in this exhibit do not reflect any withhold amounts. FSSA will withhold a portion of the approved capitation payments from the Contractor on the following schedule:

- Calendar Year 2015 – one and one half percent (1.5%)
- Calendar Year 2016 – one and three fourths percent (1.75%)
- Calendar Year 2017 – one point six four percent (1.64%)
- Calendar Year 2018 – one point eight five percent (1.85%)
- Calendar Year 2019 – one point eight five percent (1.85%)

EXHIBIT 5.M CAPITATION RATES

- Calendar Year 2020 – one point eight five percent (1.85%)
- Calendar Year 2021 – one point eight five percent (1.85%)

The Contractor may be eligible to receive some or all of the withheld funds based on the Contractor's performance in the areas outlined in, and as calculated in, Section B.3 of Contract Exhibit 2.

Note on Section 9010 Health Insurer Fees:

Actuarial soundness requires all applicable fees and taxes be reflected in the rates. This includes the health insurer fee (HIF) implemented under Section 9010 of the Affordable Care Act. FSSA will adjust capitation rates both retrospectively and prospectively to reflect any HIF paid during the contract year and associated income taxes. FSSA intends retroactive HIF adjustments to be a uniform percentage increase to the rates, to be applied to the entire rating period. The amount of the adjustment will be determined after the actual amount of the HIF is known.

Note on Risk Corridor:

For calendar year 2020 the State is implementing a two-sided risk corridor around the benefit cost portion of per member per month capitation rates. This risk corridor calculation shall be calculated separately for each Contractor, by program and year. The Contractor shall retain at most two percent (2%) of the overall gains or losses. The Contractor is at full risk for the first one point five percent (1.5%) of gains or losses. For gains and losses over one point five percent (1.5%) and up to two point five percent (2.5%) the State and Contractor shall share the risk evenly. Gains or losses above the first two point five percent (2.5%) revert to the State.

The targeted benefit cost shall be calculated by the State for each Contractor by program and year. The targeted benefit cost shall be calculated according to the method described in the actuarial certification for each applicable Contract year incorporated in this Contract by reference.

The actual benefit cost incurred by the Contractor shall include all regular medical expenditures in the encounter data. For sub-contracted services, only the amount paid to providers may be included; sub-contracted administrative costs are excluded. Expenditures will be evaluated net of selected costs, including third-party liability, pharmacy supplemental rebates, and net reinsurance recoveries. Benefit costs do not include non-encounterable data.

A reconciliation, to be calculated and finalized at the sole discretion of the State, will compare the actual per member per month benefit cost incurred by the Contractor to the targeted benefit cost, and result in a per member per month amount. The dollar value of the remittance is the product of the per member per month amount and the Contractor's calendar year member months.

The State shall perform an interim reconciliation of the calendar year 2020 risk corridor using claim experience with dates of service from January through June of calendar year 2020, allowing for runout through September 30, 2020. A full reconciliation of calendar year 2020 dates of service will occur using claim experience with runout through September 30, 2021.

In this exhibit:

- The CY 2018 and CY 2020 rates include an adjustment that was made for the HIF
- The CY 2017 and CY 2019 rates do not include an adjustment for the HIF. It is not anticipated that the rates will be adjusted for HIF, since the fee was suspended for these years.

EXHIBIT 5.M
CAPITATION RATES

Note on Calendar Year 2017 Capitation Rates

No further adjustments to the Calendar Year 2017 capitation rates are anticipated.

Rates Effective January 1, 2017 to March 31, 2017, Before Adjustment for 1.64% Withhold and After Risk Adjustment

| | |
|------------|-------------|
| HCC Adult | \$ 1,315.40 |
| HCC Child | 806.20 |
| HCC Foster | 392.50 |
| HCC Dual | 280.19 |

Rates Effective April 1, 2017 to June 30, 2017, Before Adjustment for 1.64% Withhold and After Risk Adjustment

| | |
|------------|-------------|
| HCC Adult | \$ 1,358.94 |
| HCC Child | 803.69 |
| HCC Foster | 386.68 |
| HCC Dual | 277.27 |

Rates Effective July 1, 2017 to December 31, 2017, Before Adjustment for 1.64% Withhold and After Risk Adjustment

| | |
|------------|-------------|
| HCC Adult | \$ 1,445.98 |
| HCC Child | 835.62 |
| HCC Foster | 398.51 |
| HCC Dual | 290.20 |

Note on Calendar Year 2018 Capitation Rates

No further adjustments to the Calendar Year 2018 capitation rates are anticipated.

Rates Effective January 1, 2018 to July 31, 2018, Before Adjustment for 1.85% Withhold and After Risk Adjustment

| | |
|------------|-------------|
| HCC Adult | \$ 1,470.71 |
| HCC Child | 829.34 |
| HCC Foster | 403.81 |
| HCC Dual | 485.72 |

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CAPITATION RATES

Rates Effective August 1, 2018 to December 31, 2018, Before Adjustment for 1.85% Withhold and After Risk Adjustment

| | |
|------------|-------------|
| HCC Adult | \$ 1,551.35 |
| HCC Child | 855.93 |
| HCC Foster | 413.02 |
| HCC Dual | 499.69 |

Note on Calendar Year 2019 Capitation Rates

No further adjustments to the Calendar Year 2019 capitation rates are anticipated.

Rates Effective January 1, 2019 to July 31, 2019, Before Adjustment for 1.85% Withhold and After Risk Adjustment

| | |
|------------|------------|
| HCC Adult | \$ 1496.95 |
| HCC Child | 877.15 |
| HCC Foster | 395.61 |
| HCC Dual | 605.88 |

Rates Effective August 1, 2019 to December 31, 2019, Before Adjustment for 1.85% Withhold and After Risk Adjustment

| | |
|------------|------------|
| HCC Adult | \$ 1435.65 |
| HCC Child | 858.84 |
| HCC Foster | 389.31 |
| HCC Dual | 592.29 |

Note on Calendar Year 2020 Capitation Rates

The following rate adjustments have been reflected in this amendment and in the capitation rates documented in this section:

- Adjustment to reflect updates made to the State-directed inpatient hospital fee schedule for CY 2020
- Adjustment to reflect updates made to the State-directed outpatient hospital fee schedule for CY 2020
- Adjustment to reflect any State-directed Hospital Assessment Fee (HAF) fee schedule changes that become effective during CY 2020
- Adjustment to include reimbursement for the HIF
- Adjustment to the non-benefit costs, related to the COVID-19 pandemic
- Implementation of a retroactive risk corridor, related to the COVID-19 pandemic

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CAPITATION RATES

No further adjustments to the Calendar Year 2020 capitation rates are anticipated.

Rates Effective January 1, 2020 to July 31, 2020, Before Adjustment for 1.85% Withhold and After Risk Adjustment

| | |
|------------|------------|
| HCC Adult | \$ 1572.46 |
| HCC Child | 922.83 |
| HCC Foster | 349.14 |
| HCC Dual | 734.63 |

Rates Effective August 1, 2020 to December 31, 2020, Before Adjustment for 1.85% Withhold and After Risk Adjustment

| | |
|------------|------------|
| HCC Adult | \$ 1506.17 |
| HCC Child | 903.18 |
| HCC Foster | 349.55 |
| HCC Dual | 705.77 |